## L23000012237

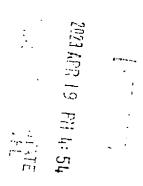
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## **COVER LETTER**

TO: Registration Section

FIX WITH SUBJECT:	US LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	CESAR FLORES GUARI	SMA	
		Name of Person	
	FIX WITH US LLC		
		Firm/Company	
	13850 SW 143RD CT UN		
		Address	
	MIAMI FL 33186		
	IFIXWITHUS@GMAIL.C	City/State and Zip Code OM	
	<del>-</del>	to be used for future annual report notification)	707
or further information c	oncerning this matter, please ca		
CESAR FLORES GUARISMA		786 474-0892 at ( )	<u>.</u>
Name o	f Person	Area Code Daytime Telephone Number	31112
Enclosed is a check for th	ne following amount:		ہے۔ ندا
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
			10
_	orporations 7	<del>-</del>	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIX WITH US LLC				
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on mited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on JANUA	RY 05 2023	_ and assig	gned
Florida document number L23000012237				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbre	viation "L.L.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>			
			023 EFR	
		i	775 275	!
Enter new mailing address, if applicable:			9	
Mailing address MAY BE A POST OFFICE BOX)				٠.
<u>,                                    </u>	·	<u>;</u> ',	.c	- · ·
			<u>2</u>	
B. If amending the registered agent and/or registered on agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the name o</u>	f the new	<u>registei</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		, Florida		
	City		Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BIJIN CHANG	13850 SW 143RD CT UNIT 14, MIAMI FL 33186	□Add
			\exists Remove
			□Change
AMBR	ELIZABETH BARROETA	10500 SW 108 AVE APT B214 MIAMI FL 33176	<b>=</b> Add
			□Remove
			□Change
			7023 <u>L</u>
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			Change
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ective date, if other than t	the date of filing:			(optional)	i		
effective date is listed, the date en are in the date inserted in this ument's effective date on the	must be specific and can s block does not meet	the applicable sta	f filing or more than 9 tutory filing require	0 days after filing	.) Pursua	nt to 605 t be list	5.020 ted a
cord specifies a delayed effects filed.	ctive date, but not an e	effective time, at 1	2:01 a.m. on the ea				er the
APRII 13	າ	023			 · ·	2023	
ed		·			-	<u>APP</u>	

Typed or printed name of signee